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PTO/SB/21 (08-00)

10/018,321

December 12, 2001

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Application Number

Filing Date

FORM M. Shiraishi First Named Inventor Group Art Unit 1624 (to be used for all correspondence after initial filing) B. Coleman **Examiner Name** 42 Attorney Docket Number 2614 US0P Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication **Assignment Papers** X Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers ★ Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Other Enclosure(s) (please Extension of Time Request Address identify below): Terminal Disclaimer Return Postcard **Express Abandonment Request** PTO Form PTO/SB/08A Request for Refund 2 References Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority The Commissioner is hereby authorized to Document(s) Remarks charge any additional fees which may be Response to Missing Parts/ Incomplete Application required, or credit any overpayment to Response to Missing Parts Deposit Account 500799. under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Elaine M. Ramesh, Ph.D., Reg. No. 43,032 Individual name Signature Elaine M Kamesh 5/18/04 Date **CERTIFICATE OF MAILING** I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

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x 1 8 28 FEE TRANS	DIVITIAL	Application Number	10/018,321				
·	2004	Filing Date	December 12, 2001				
T& TRATE Effective 10/01/2003. Patent fees are so		First Named Inventor	M. Shiraishi				
I []		Examiner Name	B. Coleman				
Applicant claims small entity status.	See 37 CFR 1.27	Art Unit	1624				
TOTAL AMOUNT OF PAYMENT	(\$) 400.00	Attorney Docket No.	2614 US0P				

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METHOD OF PAYMENT (check all that apply)	<u> </u>	FEE CALCULATION (continued)						
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The Director is authorized to: (check all that apply)	1053		1053		Non-English specification			
Charge fee(s) indicated below Credit any overpayments		2,520			For filing a request for ex parte reexamination	 		
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FEE CALCULATION	1251		2251	55	Extension for reply within first month	 		
1. BASIC FILING FEE	1252		2252	210	Extension for reply within second month			
Large Entity Small Entity	1253		2253		Extension for reply within third month			
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1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month			
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	L		
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	L		
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
SUBTOTAL (1) (\$)	1452	110	2452		Petition to revive - unavoidable			
	1453	1,330	2453	665	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	:	1,330	2501		Utility issue fee (or reissue)			
Extra Claims below Fee Paid		•	2502		Design issue fee			
Total Claims20** = X 18	1503	640	2503	320	Plant issue fee			
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Large Entity Small Entity	1806	180	1806		Submission of Information Disclosure Stmt	180.00		
Fee Fee Fee <u>Fee Description</u> Code (\$)	8021		8021		Recording each patent assignment per property (times number of properties)			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	a 385	Filing a submission after final rejection			
1201 86 2201 43 Independent claims in excess of 3	1			,	(37 CFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RCE)	[]		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		Request for expedited examination of a design application			
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SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	l i				ee Paid SUBTOTAL (3) (\$) 400.0	10		

SUBMITTED BY				(Complete (if applicable))				
Name (Print/Type)	Elaine M. Ramesh, Ph.D., JD	Registration No. (Attorney/Agent) 43,032	Telephone	847-	383-3	391		
Signature	Elaine M Kunes	<	Date	5	18	04		

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